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AUTHOR

Pang, Dawn B.

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ABSTRACT

This paper focuses on the structure, process, and accomplishments during the first two years of the Developing Interculturally Skilled Counselors (DISC) project, which trains and supervises eight pre-doctoral trainees for one-year appointments in the areas of intercultural awareness, knowledge, and skill. Objectives of the project are listed and stages used to reach the objectives are explained. The training stage, designed to teach trainees the concepts of awareness, knowledge, and skills through classroom work and in-field experiences, is discussed along with the three graduate seminar courses which comprise the training phase and student participation in field experience. The second stage of the project, the practice phase, is reviewed in terms of its focus on using knowledge and gaining experience in sharing skills. The implementation of this stage through the development of both research projects and inservice training workshops for mental health agencies is discussed. Examples of DISC research projects are included; the development and implementation of inservice wormshops is described in detail. The final phase, evaluation, which measures training outcomes of all DISC activities is presented; methods of participant evaluation are reviewed; and the annual evaluation by the project evaluator, complete with suggestions for change, is described. (NRB)

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DEVELOPING INTERCULTURALLY SKILLED COUNSELORS: PROCESS AND PRODUCTIVITY OF THE PROJECT

Dawn B. Pang University of Hawaii

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Developing Interculturally Skilled Counselors:

Process and Productivity of the Project

Dawn B. Pang University of Hawaii

Presented at the Western Psychological Association

April 11, 1981

There is a general recognition that various cultural groups have differing value assumptions and conceptions of health and normality which affect how mental health services should be provided, as well as the pattern of use of such services. With increasing mobility of people, this becomes more of an issue in planning for services of various cultural groups. It also affects the range of knowledge and skills that mental health providers need to advise culturally different clients. Few opportunities exist for counselors and therapists to receive cross-cultural training, and often these training sessions consist of brief workshops on specialized aspects of cross-cultural counseling or therapy.

DISC (Developing Interculturally Skilled Counselors) was devloped to fill this need. It combines an emphasis on intercultural awareness of cultural bias and the role of culture in behavior, knowledge about culturally differentiated aspects of mental health, and intervention skilss for appropriately advising culturally different clients. The DISC project trains and supervises eight pre=doctoral trainees for one year appointments in these areas of intercultural awareness, knowledge, and skill. These trainees come from diverse areas of study--psychology, anthropology, social work, nursing, public health, and international health. They bring



varied backgrounds and knowledge to the project and themselves constitute a multi-cultural environment. The objectives of the project itself are to facilitate learning of indigenous mental health systems in other cultures, and to create learning environments that contribute to positive interpersonal relationships across cultures, and to explore the implications of cross-cultural diversity.

These objectives are carried out in three stages. These stages are a training phase, a practice phase, and an evaluation phase.

The training phase is designed to teach the trainees the concepts of awareness, knowledge, and skills through classroom work and in-field experiences. This phase is not limited only to DISC trainees, but is open to all graduate students at the University of Hawaii.

Social Wc k 780C, entitled "Alternatives for Intercultural Awareness in Mental Health" is the Awareness Component of the program. The objectives of this course are 1) to teach participants alternative concepts of mental health support services in different cultures, 2) to teach participants how mental health issues are perceived by those within the culture and by outsiders, and 3) to identify the participants' own cultural biases, values and assumptions. The class established the basic definition of culture on which the DSIC project functioned. This definition emphasized the complexity of culture and the interrelationships among the many variables which make up the person's culture. These variables include not only ethnicity and language but also educational level, socio-economic status, sex, age, and occupation. Each of these variables contribute to individual values, expectations, and rules for thinking, feeling, believing, and acting.



The format of the class is weekly lectures given by community resource people who are concerned with a wide range of issues in cross-cultural perspectives in mental health. By introducing the class members to their particular area of interest, they present for discussion issues dealing with provision of services to particular groups and more general concerns common to working with any culturally different person. Some of the topics presented include Islamic perspectives of mental health, native-American perspectives of mental health, womens' role in different cultures, Zen perspectives in mental health, student and youth roles in various cultures, Indochinese perspectives of mental health, folk-healing in Hawaii, cultural differences and rehabilitation, and dangers of cultural labeling.

The students also participate in a 20-hour field experience at a community agency that works with immigrant populations. This year the agencies that participated were the Kalihi-Palama Immigrant Services Center, the Phinong Lao Resource Center, and the University of Hawaii International Student Office. The students work directly with the immigrants or with the workers at the agency, leaning concepts of counseling with immigrants and how the agency is set up.

The students submit weekly reaction papers on the presentations and the readings assigned, indicating insights, theories, and mental health alternatives they have gained. They also develop a longer paper describing their experiences and the self-awareness developed in the 20-hour lab. This paper focuses on issues such as natural support systems that help maintain mental health and how they could be used to help someone experiencing stress, how mental health is defined as constrated with mental illness, what elements define unique ethnic perspectives in mental health not shared by other groups, general and universal health issues, the role



of someone from outside an ethnic group coming to deliver a mental health service, and who the authority figures in a particular group are.

A second graduate seminar, Cross-cultural Psychopathology, covers research knowledge and findings about mental health issues in other cultures. Basic topics include the history of culture and psychopathology, the standards of normality and abnormality, epidemiological studies of mental health disorders, classification of mental health disorders across cultures, culture, stress management and coping styles, and indigenous or non-Western therapies and support systems. Conceptual models in research were discussed with a focus on depression and schizophrenia. These readings and topics were designed to familiarize students with resources and areas of reserach, to aid them in developing research topics of their own in cross-cultural issues. Each student also presents a paper on the immigration histor and acculturation experiences of a particular ethnic group in Hawaii (Japanese, Chinese, Samoan, Filipino, Indochinese, Korean, Caucasian, military).

The skills component, taught in the psychology department, emphasizes understanding problems from the client's perspective and developing skills to work with clients. These intercultural skills involved recognizing barriers to counseling, recognizing resistance in clients in specific terms, gaining awareness and understanding of the values, feelings, and attitudes of other cultures, and how these factors influence behavior; reducing counselor anxiety and defensiveness with culturally different clients, and increasing counselor recovery skills to pomote increased risk-taking in counseling. This is done in several ways. One is through role-plays and feedback sessions in class. The Triad Model, developed by Dr. Pedersen, is used for these role plays. The triad Model utilizes a client, and therapist and a third person who may take the role of procounselor, anti-counselor, or interpreter.

Although the focus of each is different, the general function of the third



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person is to conceptualize, in the session, resistance on the part of the client toward the therapist or the situation, to make clear why and how misunderstandings are occurring, to vocalize the client's unspoken feelings, interpret the client's actions—to be a link between the client and the therapist.

Another way to gain cross-cultural understanding skills is through the use of resource people, usually bi-cultural individuals, who are involved in mental health and can demonstrate techniques they use with their particular client group; explain special problems they deal with, and point out what rules for behavior are prevalent in that culture. Counselors who have shared their skills have bee counselors in rehabilitation, drug counseling in a military setting, job placement of hard-core unemployed, counseling of local Hawaiian high school students, and immigrants.

A third way is through direct contact with a group. The participants in the class visit an agency that focuses on one ethnic minority group, then present to the class the basic cultural beliefs of that group, issues and problems particular to that group, and ways of dealing with the issues, either at an individual level or at a systems level.

This summarizes the training section of the DISC program. The second phase of the program focuses on using this knowledge and gaining experience in sharing these skills. This is done through the development of a research project by the DISC group and by the development and implementation of in-service training workshops for mental health agencies.

Various research projects have been carried out by DISC. One project focused on indigenous conceptions of disorders, causality and therapy from four ethnic groups--Samoans, Japanese, Hawaiian and Filipino. The purpose of this project was to provide mental health professionals with basic knowledge



about mental health problems and interventions to facilitate their work.

Another project involved the development of a detailed ethnographic survey for in-depth study of the acculturation experiences of recent immigrant families. This survey outlines areas to be explored (demographic information, cultural identity, developmental history, current functioning and adjustment, immigration experiences) and lists questions that need to be answered under each of these topic areas. By using this demographic interview, one would get detailed case studies of different groups and be able systematically to compare them.

The DISC project also responds to requests for in-service training, emphasizing its own approach of awareness, knowledge, and skills in cross-cultural mental health training. Not only are in-service training programs used to share information with the community, they also provide an opportunity for the trainees to work in the community and to develop their own skills. The workshops are usually conducted in the Spring semester after an assessment and review of the training needs and expectations of the agency. The trainees prepare for this by taking a workshop on planning, conducting, and evaluating workshops at the beginning of the year, by next integrating the classes and research projects, and then by developing training modules for the workshop.

The sessions on developing workshops are given by the project evaluator. These sessions use the Discrepancy Evaluation Model as a tool for improving and assessing workshop programs. The evaluation process involves the comparison of performance to the expectations and set goals. The differences, or discrepancies, can be positive or negative, and by evaluating the discrepancies, changes an be made, depending on the needs. Through these sessions, the DISC to need learned to conduct needs assessments for



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workshops, how to design workshops, and how to evaluate the set goals. As a result, the trainees also put together an annotated bibliography on planning, conducting, and evaluating workshops which is forthcoming.

The in-service training programs for mental health groups that DISC provides can take several forms. They may be general discussions on intercultural mental health, brief presentations of DISC training materials, pre-workshop demonstrations of DISC training interaction, or training workshops on specific intercultural skills. These workshops have been given in Hawaii, continental United States, in Canada and overseas, for such populations as educators, counselors, therapists, trainers, students, school board members, and others involved in cross-cultural contexts. Again, this can include a broad range of people, because cross-cultural barriers and issues can be more than ethnic--for example, socio-economic.

The format of the workshop organization follows this general pattern:

Each trainee is named primary coordinator of a particular workshop that has been requested. The principal coordinator then has two or three other trainees to help in the planning and conducting of the workshop. So the trainees are organized into teams of three or four. The workshops follow the three goals of DISC--1) awareness of the role of culture in assumptions about oneself and others, 2) expansion of knowledge of cross-cultural aspects of mental health and familiarization of participants on research on cross-cultural counseling, and 3) teaching of specific skills to help in effective work with culturally different clients. The director and each of the trainees prepare and present components in each of these three areas—awareness, knowledge and skills.



The awareness component usually consists of group exercises and discussions. They are designed to focus on self-awareness of personal values, defining and understanding cultural differences in specific terms, and how one impacts on another person.

From awareness, the workshop fosuses on knowledge. One or more components may be presented in this area, involving lecture, discussions, videotapes, exercises or any combination of techniques. The subject matter is geared to the particular needs of the group. Topics given have been the role of culture in defining normality and abnormality, and its effects on treatment approaches and outcomes of therapy; the use of network theory to mediate stress by expanding the repertoire of treatment strategies, and how this affects the changing role of the counselor; the complexity of culture and how one might categorize the interacting variables that define culture, and issues in cross-cultural marriage. The director and each trainee select and research a topic, and decide on the best method of presentation of the material.

The last component is the skills component, and again each trainee involved prepares and develops a topic. Examples of topics in this area are identifying barriers to effective intercultural communication, the use of the culturalogical assessment in cross-cultural counseling, the use of the Triad Model to train cross-cultural counselors, and identifying cross-cultural implications of client statements.

Workshops that follow this format are conducted for two days, or can be condensed to a minimum of three hours.



Each of these areas--training of the Disc trainees and dissemination of information--is not complete without an evaluation component. The formal evaluation for the training aspect has been a standardized evaluation form that is given to each class member after each class. These are coded by the project evaluator and are given back to the instructor before the next class, with suggestions for changes from the students. These forms are designed to sample reactions to the effectiveness, helpfulness, significance, and interest in each class session. In addition, students indicate any cognitive, affective, or skills change that resulted from the class.

The in-service training workshops are evaluated in the same manner. Participants in the workshops are given forms with similar goals. These forms ask the participants to rate the significance, value, and interest of each component, and how clearly the materials were presented. These are also given to the project evaluator who feeds the information back to the trainees as a learning mechanism for the trainees to build on the component effectiveness. The evaluations also serve the function of determining if the goals of the workshops, established by the needs assessment, were met; and how accurate the assessment itself was in predicting the needs of the particular group.

At the end of each year, the project evaluator writes a report summarizing the accomplishments and effectiveness of the entire DISC project, areas for improvement, and makes concrete suggestions for change.

In general, the evaluations are used to assess the state of the program and to provide a feedback loop for change and growth. The DISC project, in its present form, represents the changes that have been made through this feedback loop from its first two years.

